

HPSP STUDENT TUITION/FEE COST QUOTE FORM

INSTRUCTIONS

THIS FORM IS FILLABLE WITH DROP DOWN OPTIONS

STUDENT INFORMATION SECTION

- Student Name: Last, First, Middle Initial
- Program Type (Select from the options)
- Graduation year
- Year of Study (select from the options)
- In-State/Or out of State (if private school and does not apply, select In-State)
- Email and Phone number

UNIVERSITY INFORMATION

- University Name – Do not abbreviate (UCLA, U of MD, Univ of TX etc....), also do not include the Patrons name. Example Lewis Katz School of Medicine in Philadelphia- Use Temple University
- Term Type (Select from the options)
- Term Start Date/Term End Date – Use the Calendar
- Tuition Cost/Fee Cost (Mandatory educational fees only, for a listing of unauthorized fee please refer to our webpage. <http://www.med.navy.mil/Accessions/Pages/tuition.aspx>)
- University Bursar Contact – email and phone number
- Course Listing – At least four courses must be listed.
- Initial the two statements at the bottom of the form.

*****Once completed email to: usn.ncr.bumedfchva.mbx.hpssp-tuition-office@mail.mil

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In order to establish an exact tuition and fee cost, the student must complete the information below. All information should be filled in and the form sent to the Navy Medicine Accessions Department. If received without proper initials, or incomplete fields, tuition and/or benefit payments may be affected and it will be sent back to the student for completion. Please email completed form, as well as tuition/fee cost quote sheet questions usn.ncr.bumedfchva.mbx.hpssp-tuition-office@mail.mil

PLEASE PRINT CLEARLY!

Student Information

Student Name (Last, First, MI)	Program Type	Graduation Year	
<input type="text"/>		<input type="text"/>	
Year Of Study	In-State/Out of State	Student Email and Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

University Information

University Name	Term Type	Term Start Date/Term End Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	To <input type="text"/>
Tuition Cost/Fee Cost	University Bursar Contact	Course Listing	
Tuition Cost <input type="text"/>	Email <input type="text"/>	<input type="text"/>	
Fee Cost * <input type="text"/>	Phone # <input type="text"/>	<input type="text"/>	
Health Insurance <input type="text"/>		<input type="text"/>	
Total Cost <input type="text"/>		<input type="text"/>	
* Mandatory educational fees only		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	
		<input type="text"/>	

As a participant in the Armed Forces Health Professions Scholarship Program, I hereby authorize my university to release all information concerning my academic performance and/or enrollment status to the Navy Medicine Accessions Department, Bureau of Medicine and Surgery, if requested.

Initials

I affirm that the course listing information listed above are the courses I will register for during the aforementioned term.

Initials